

**APPLICATION FOR CERTIFICATE OF REGISTRATION
OF LIMITED PARTNERSHIP**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

Pursuant to the provisions of the Wyoming Uniform Limited Partnership Act (W.S. §17-14-201 through §17-14-1104), the undersigned limited partnership applies for a Certificate of Registration to transact business in the state of Wyoming, and for that purpose submits the following statement:

1. The name of the limited partnership is: _____
2. The name it proposes to register and transact business in Wyoming is: _____

W.S. §17-14-1004 requires that the name of a foreign limited partnership must include without abbreviation the words "limited partnership." Item two above may be used to meet this requirement.

3. It is formed under the laws of the state of _____
4. (a) The date of its formation is: _____ (b) The period of its duration is: _____

5. The mailing address where correspondence can be sent is: _____

6. The address of its proposed registered office in Wyoming and name of its proposed registered agent at that address is: _____

(The agent must be an individual resident in Wyoming, a Wyoming corporation, or a foreign corporation qualified in Wyoming, either of which must be in good corporate standing.)

7. The address of the office required to be maintained in the state of its organization by the laws of the state, or if not so required, of the principal office of the foreign limited partnership is:

8. The name and business address of each general partner: _____

9. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is canceled or withdrawn is: _____

Dated: _____

General Partner

Filing Fee: \$100.00

Instructions:

1. Give the exact name of the limited partnership in Item #1.
2. The application **must be signed by a general partner**.
3. A foreign limited partnership shall file, along with their Application of Registration, a Certificate of Existence, signed by the proper authority from the state where the partnership is formed.

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

I, _____, voluntarily consent to serve as the
registered agent for _____
on the date shown below.

The registered agent certifies that he is: (check one)

- ☐ (a) *An individual who resides in this state and whose business office is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent